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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
Eastern DIVISION

Mr. Michael L. Hill, #289464,

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

Case No: _____
(to be assigned by Clerk of District Court)

v.

Raymond C. Wood; Sergeant Klemm

Plaintiff Requests Trial by Jury
☒ Yes ☐ No

(Demand Jury Trial)

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Mr Michael L Hill

Other names you have used: x Mike Migidior Mig

Prisoner Registration Number: 289464

Current Institution: ALCOA Correctional Center

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Mr. Raymond C Wood

Job or Title: Correctional Officer #1

Badge/Shield Number: ED128902

Employer: Missouri Department of Corrections

Address: P.O. Box 236, Jefferson City, Mo. 65102

☒ Individual Capacity ☐ Official Capacity

Defendant 2Name: KlempJob or Title: Corrections Officer #2

Badge/Shield Number: _____

Employer: Missouri Department of CorrectionsAddress: P.O. Box 236, Jefferson City Mo. 65102☒ Individual Capacity☐ Official Capacity**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

I inmate Mr. Michael L. Hill #289464, Complain that on June 4th, 2021 while I was being escorted to housing Unit 5 Corrections officers Raymond C. Wood, and Sergeant Klemp. I fell to the ground as a result of the force they were using while escorting me. At that time both Corrections Officers I named pulled me up off the ground spontaneously and began to drag me, and continuously twist my Wrist, and Arms Upward, as well as Squeeze my hands and the handcuffs tighter on my Wrists. This made me yell out in pain for them to please stop. I'm not resting and this is really hurting my Wrist, hand, and Arms also fingers, However; the named Corrections Officers ignored my cries of pain and collectively, and continuously

Pulled and drug me to housing Unit 5 of Farmington Correctional Center. When we get inside of housing Unit 5 on the first floor in a room. Both officers placed me against a Desk or Table and continuously, and collectively began to start ~~back~~ twisting, squeezing My arms and hand also the handcuffs on my Wrist were so tight on My Wrist and embedded so deep it caused me to pass out. When I woke up I was inside of A Suicide Cell on the floor Naked being asked if I wanted the Cuffs to be removed from my Wrist and hands. I screamed yes please to the officers. They said "Okay from the Outside of the Cell door you need to get up on your feet and make it to the Chuckhole of the Cell door and Sergeant Klemm would attempt to remove the Cuffs. But do to the fact that my Wrist, and hands had swollen up so badly. I couldn't bare the pain when he tried to remove the Cuffs from my Wrist. The Officers had to leave them on for several more minutes about 30 more minutes or so. Then officer CO1 Ortman came and said "Mr. Hill I'll remove your handcuffs I trusted him and it took awhile and hurt, but he got them off. Those Handcuffs were embedded, so deeply into my Wrist it caused nerve damage to My Wrist, hand, and finger tips. To that point I had to seek medical attention. My left hand still hurts Now from the night of June 4th 2021.

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

(1) Nerve damage to My Left Wrist, hand, Arm, Fingertips; I was given a Wrist tendon injury rehabilitation exercises (2) Pyridoxine 100mg, Prednisone, Ibuprofen 600mg (3) Here at ACC Ibuprofen 600mg, duloxen 30mg and referred for a nerve conduction study after 11-15-21. This still hasn't happened. I was denied an MRI trying to find out exactly what's wrong. My Wrist, hand, left arm clear up to My finger tips still hurt just as it did on June 4th 2021.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

Award Compensatory damages of \$50,000 jointly and severally against each named Corrections officer staff for the physical abuse and pain and suffering they put me through. And Award punitive damages of \$100,000 jointly and severally against the Corrections officers for the painful physical abuse the officers put me through.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes ☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Farmington Correctional Center 1012 Columbia St. Farmington Mo. 63640

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes ☐ No ☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes ☐ No ☐ Do not know

If yes, which claim(s)?

All Claims Stated

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

Farmington Correctional Center

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

Excessive Use of Force

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

To No Avail

(please See Attached)

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I took all 3 steps of the Prison's Grievance Procedure and Completed them,

F. If you did not file a grievance: *N/A*

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

N/A

VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

N/A

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A
6. Is the case still pending?
- ☐ Yes
- ☐ No (If no, give the approximate date of disposition): N/A
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff

N/A

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22nd day of February, 2022.

Signature of Plaintiff

Michael L Hill